CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COOVERIPAGE

Date Received

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-	County of	
	Other	
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through December 31,	·	s January 1, 2010, through the date of
	The period covered if of leaving office.	s, through the date
Office sought, if diffe	erent than Part 1:	
▶ 1	otal number of pages including	this cover page:2
hed 🔀	Schedule D - Income – Gifts -	& Business Positions – schedule attached - schedule attached - Travel Payments – schedule attached
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one - No reportable interes	ts on any schedule	
s of the State of California	a that	
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	through December 31, through December 31, Office sought, if difference to the december 31. The ched Ched Ched Ched Ched Ched Ched Ched C	#2010, through December 31. ☐ Leaving Office: Date L (Check one)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Luis A. Aguinaga

NAME OF SOURCE	► NAME OF SOURCE	
Athens Services	Richard, Watson, Gershon	
ADDRESS	ADDRESS	
14048 E Valley Blvd	355 South Grand Avenue	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Solid Waste Co.	City Attorney	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFTI	(S)
<u>5 , - , 10</u> _{\$} 105.00 Dinner	3 / 9 / 10 s 12.96 Dinner	
12 , 24 , 10 _s 50.00 Honey Baked Ham	5 , 14 , 10 s 11.79 Dinner	
11 , 25 , 10 s 20.00 Turkey	6 , 22 , 10 \$ 4.87 Drink	
NAME OF SOURCE	► NAME OF SOURCE	
Anthony R. Ybarra	Richard, Watson, Gershon	
ADDRESS	ADDRESS	
1415 Santa Anita Avenue	355 South Grand Avenue	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
City Manager	City Attorney	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT	(S)
12 <u>/ 24 _ 10</u> s 50.00 Gift basket	7 , 27 , 10 _s 8.00 Dinner	
\$	9 , 14 , 10 _{\$} 19.01 Dinner	
\$	10 , 12 , 10 _s 6.44 Dinner	
NAME OF SOURCE	► NAME OF SOURCE	
	Richard, Watson, Gershon	
ADDRESS	ADDRESS	
	355 South Grand Avenue	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	City Attorney	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT((S)
s	12,14,10 s 6.58 Dinner	
Comments:		

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COVER PAGE

Date Received
Official Use Only

11 MAY -9 P4:29

AMENDMENT

II MAY LBPABli2: Decument Please type or print in ink.

CITY OF SOUTH EL MOI	HTE E
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nuary 1, 2010, through the date of	
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usiness Positions – schedule attached hedule attached	
avel Payments - schedule attached	

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Aguinaga	Luis	A.
1. Office, Agency, or Court		
Agency Name		
City of South El Monte	Mayor	
Division, Board, Department, District, if applicable	Your Position	
City Council		
► If filing for multiple positions, list below or on an attachment.		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
☐ State	Judge (Statewide Jurisdiction)	
Multi-County	County of	<u> </u>
⊠ City of South El Monte	Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through December 3 2010.	 Leaving Office: Date Left	
The period covered is, through December 31 2010.	, O The period covered is Janua leaving office.	ry 1, 2010, through the date of
Assuming Office: Date	 The period covered is of leaving office. 	
Candidate: Election Year Office sought, if di	fferent than Part 1:	
1. Schedule Summary		· · · · · · · · · · · · · · · · · · ·
Check applicable schedules or "None."	Total number of pages including this co	over page:2
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedu	ule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel	Payments - schedule attached
-or- None - No reportable inter	ests on any schedule	
5. Verification		
(d)(5)		
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge		nowledge the information contained
I certify under penalty of perjury under the laws of the State of Califor	nia (d)(5)	
Date Signed 5-5-/(month, day, year)	Sign	

SCHEDULE D Income - Gifts



NAME OF SOURCE	NAME OF SOURCE
SCE Local Public Affairs	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1000 E. Potrero Grande	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Monterey Park, CA 91755	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
- , 05 , 10	
	`
\$	
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Accoptable)
, ,	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	
	
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Office, Agency City of South El Moste
, ,	0600 400000 1/
BUSINESS ACTIVITY, IF ANY, OF SOURCE	or Court City of South El Moste
	[]
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Statement Type \(\sum_{(y)} \) \(\sum_{(y)} \) Annual \(\sum_{\text{Candidate}} \) Assuming \(\sum_{\text{Leaving}} \) Leaving \(\sum_{\text{Candidate}} \)
Basin not of the log	· ·
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
	contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of
	California that the foregoing is true and correct.
	Date Signed 5-5-//
	(d)(5)
	Signature